

NOTIFICATION OF DEMOLITION AND RENOVATION

Job#5004

Operator Project #	Postmark	Date Received	Notification # <i>2016.011336628</i>	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: L&L Holding Company, LLC				
Address: 195 Broadway				
City: New York	State: New York	Zip: 10007		
Contact Name: Wayne Kohlbrecher		Telephone: 212-920-4445		
REMOVAL CONTRACTOR: Pinnacle Environmental Corp.				
Address: 200 Broad Street				
City: Carlstadt	State: NJ	Zip: 07072		
Contact Name: Joe Patrick		Telephone: 201-939-6565		
OTHER CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact Name:		Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name:				
Address: 195 Broadway				
City: New York	State: New York	County: New York		
Site Location: 10 th & 11 th Floors				
Building Size: 1,000,000SF	# of Floors: 30	Age In Years: ~80		
Present Use: Commercial	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Pipes	1,264			LnFt: x Ln M:
Surface Area				SqFt: Sq M:
Vol. RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start: 01-21-16	Complete: 01-21-17	
Schedules Dates Demo/Renovation (mm/dd//yy)		Start:	Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: Tri State Transfer, Inc.

Address: 1199 Randall Avenue

City: Bronx

State: NY

Zip: 10474

Contact Name: Jimmy Byrne

Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name: ATC, Inc. / #3- PCC Construction & Contractors, Inc.

Address: 2 Moriches Middle Island Road / #3- 200 Broad Street

City: Shirley

/ #3- Carlstadt

State: NY / #3 - NJ

Zip: 11967 / #3 - 07072

Contact Name: Kenny Smith / #3- Joseph Whelan

Telephone: 631-924-5050 / #3 -201-939-6565

WASTE DISPOSAL SITE (#1 or #2)

Name: Minerva Enterprises, Inc.

9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

Date: 01-07-16

I certify that the above information is correct.

Signature of Owner/Operator

Date: 01-07-16